



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT SALEM HOSPITAL, INC

City of Hospital: Salem

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Marla Hannah

Email Address: msander2@stvincent.org

Medicare Provider Number: 151314, 15Z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1843599
Outpatient Patient Service Revenue	\$53994519
Total Gross Patient Service Revenue	\$55838118

2. Deductions From Revenue

Contractual Allowance	\$33759917
Other Deductions	\$4636695
Total Deductions	\$38396612

3. Total Operating Revenue

Net Patient Service Revenue	\$17441506
Other Operating Revenue	\$246262
Total Operating Revenue	\$17687768

4. Operating Expenses

Salaries and Wages	\$6166691	Employee Benefits	\$1860679
Depreciation and Amortization	\$375749	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$8293799
Total Operating Expenses	\$16696918		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$990850	Total Assets	\$5791926
Net Non-operating Gains over Loss	\$570	Total Liabilities	\$5791926

Total Net Gains	\$991420
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24085314	\$16046064	\$8039250
Medicaid	\$13670649	\$12566104	\$1104545
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18082155	\$9784444	\$8297711
Total	\$55838118	\$38396612	\$17441506

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5000	\$-5000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$1500	\$-1500

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$3083309
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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